

RCRA Compliance Evaluation Inspection

BOLLING AIR FORCE BASE
370 Brookley Avenue
Washington, DC 20332-5403

Telephone Number: 202-767-8600

Date of Inspection: May 4, 1998

RCRA Identification Number: DC9570090036

Latitude: 38 X 51 X 04
Longitude: 77 X 00 X 58

EPA Representative:

George H. Houghton
Environmental Protection
Specialist

State Representative:

Nicholas Kauffmann

Facility Representative:

Moore (Joe) Carpenter
Environmental Engineering
Technician
11CES/CEV

Ayodele McClenney
Chief of Environmental
Affairs

Col. Duane Deal
11th Wing Commander

BACKGROUND

At the request of EPA Region III, the Facility Inspection Program conducted a RCRA Compliance Evaluation Inspection at Bolling Air Force Base located in Washington DC.

FACILITY DESCRIPTION

Bolling Air Force Base is the home of the 11th Wing. Its primary mission is to provide administrative and housing support to USAF personnel in the Washington area. No active flying operations occur at the base.

PERMIT STATUS

Bolling renotified in 1989, copy attached, as a generator of hazardous waste, generating less than 1000 kilograms per month of hazardous waste. EPA regulates the facility as a small quantity generator. The District of Columbia regulates this facility as a large quantity generator since they generate greater than 100 kg per month. According to the 1997 hazardous waste generation report, the Bolling AFB generated about 836 kg per month of hazardous waste.

INSPECTION OBSERVATIONS

The following locations can potentially generate hazardous waste:

- DIA - maintenance shop for paints and waste film
- Housing and Maintenance - paints
- Grounds - oils and paints
- Transportation - paint booth
- Fuels - waste gasolines

- Hazardous Materials Pharmacy - variety of waste material including paints
- Clinic - both medical and dental includes amalgam and broken thermometers
- Radiology - expired film, fixer, etc
- Honor Guard - gun cleaning
- Security Forces - gun cleaning
- Arts and Crafts - paints
- Marina - Maintenance waste
- Auto shop - used lubricants (oils, gasoline)
- Auto Pride - used oil, etc,
- Base exchange - waste fertilizer, etc.

Waste generated at these locations is transported to one of three initial accumulation points located at:

- Transportation - building 362
- DIA - Building 6000
- Grounds and Maintenance - Building 518

Either Environmental or the generator transports the waste to the accumulation points. It is the generator's responsibility to label and date the waste before arrival at the accumulation point. Inspections at these three locations are accomplished informally while workers are in the area. Documented formal inspections are accomplished quarterly as per the facility's hazardous waste management plan (page 5-3) by the Environmental Office.

Eventually the waste is transported by the Environmental group to the less than 90 day accumulation point located at Building 18 where two safety storage trailers are located. This location is open by appointment only.

All waste is disposed through a DRMO contract from Fort Meade. Phillips Environmental is the current disposal contractor. The facility relies heavily on Phillips Environmental to ensure the waste is properly classified for disposal. Formal inspections for this area are documented quarterly as mentioned above. Workers are in the storage buildings frequently (almost daily) and, reportedly, take care of any observed problems.

The less than 90 day accumulation facilities located at Building 18, the heating plant, consists of two safety storage trailers designed to hold hazardous materials (photo 1). One of the trailers contained supplies for packing the waste while the other contained the waste to be disposed. This location is the pick up point for Phillips. Most of the wastes stored was non-hazardous, although labeled as a hazardous waste, and it was stored properly. Trailer ventilation fans were not operational.

Building 518 is the initial accumulation point for maintenance. The storage site has a lockable fence and is curbed to contain spills (photo 2). The drain for the secondary containment was open. The operator was asked to close the drain. A storm drain located in front of the fence leads to an oil water separator. At this location the inspections are weekly and recorded by the operator. Most of the waste at this location was non-hazardous and consisted of oil dry and oil from a spill, purge water from the fuel station remediation, and purge water from landfill monitoring wells (photo 3). Two pails of PVC cleaner and 1 pail of uniconing neoprene were labeled as a hazardous waste, dated and closed (photo 4). One additional overpack contained acidic waste from a battery spill clean-up (photo 5). This container was neither labeled nor dated but

should have been since its contents were corrosive and a D002 waste.

Building 6000 has a storage trailer to store the hazardous waste. At the time of this inspection, it contained 7 boxes of old film that had been determined to be a hazardous waste because cadmium levels were 7.11 mg/L through a TCLP analysis. None of these boxes were labeled or dated. The operator corrected this omission immediately. Inside the building associated with this storage facility is a waste water treatment unit for treating photographic waste. The waste is treated in tanks and discharged to the POTW under the authority of a pretreatment permit.

Building 362 has a two bay safety storage trailer dedicated for waste. One container was observed that was labeled and dated 24 April 98. It was also closed and not leaking. Inspections are documented and were adequate for the building. The inspector observed that the building is next to storm drains that lead to the nearby Potomac River. Since power has not been connected to the building, the ventilation fans do not work. The fire suppressant has not been charged. Vehicle maintenance (bldg 362) has a parts washer that uses a caustic cleaner. The waste is analyzed before disposal. This waste has been found to contain cadmium. No waste was stored at this location during this inspection.

The dental clinic generates waste amalgam which is kept at medical receiving prior to disposal. This inspector observed a small amount stored in a container which was neither dated nor labeled as a hazardous waste. The operator of this area reviewed the records and determined the waste had been accumulated since 4/21/98.

Bolling opened a Hazardous Waste Pharmacy in 1996. It has helped to reduce the amount of waste generated through strict control of distribution

of hazardous materials. Commonly used materials are doled out on an as needed basis and the user must return the unused portion to the pharmacy when no longer needed. In the future, base contractors will also be required to use this facility, or at least register their chemicals, and obtain preapproval before bringing chemicals on base.

ATTACHMENTS

1. Notification of Hazardous Waste Activities for Bolling AFB
2. 1997 biennial hazardous report
3. Sample inspection logs
4. Bolling Hazardous Waste Management Plan
5. Table of contents for the Spill and Prevention Plan
6. Manifest 80206 with supporting documentation
7. Checklist for generators in DC
8. Photographs

Bollins AFB

1

shaded areas only

GSA No. 0246-EPA-07

Completing this form, the information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

DC9570090036

II. Name of Installation (Include company and specific site name)

Bolling AFB FORCE BASE

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

370 Brookley Avenue

Street (continued)

City or Town

Washington

State

ZIP Code

DC 20332-5403

County Code County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

11 CES/CEV 370 Brookley Avenue

City or Town

Washington

State

ZIP Code

DC 20332-5403

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

McClennery

(first)

Ayodele

Job Title

Chief, Environ.

Phone Number (area code and number)

202-767-8600

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing☒☒

B. Street or P.O. Box

11 CES/CEV 370 Brookley

City or Town

Washington

State

ZIP Code

DC 20332-5403

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

Yes

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractory <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. Toxicity Characteristic (D000)

List specific EPA hazardous waste number(s) for the Toxicity Characteristic container(s):

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Cynthia M. McClenney</i>	Name and Official Title (type or print) Ayodele M. McClenney Chief Environmental	Date Signed 14Am 98
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. Air Force
Bolling AFB, DC 20332EPA ID NO: 101C19 151710 101910 101316U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		B. County Same as label <input checked="" type="checkbox"/> or → <u> </u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or → <u> </u>		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>11 CES/CEV Brookley Ave</u>			
F. City, town, village Same as label <input checked="" type="checkbox"/> or → <u> </u>		G. State Same as label <input checked="" type="checkbox"/> or → <u> </u>	H. Zip Code Same as label <input checked="" type="checkbox"/> or → <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address <u> </u>		
C. City, town, village <u> </u>	D. State <u> </u>	E. Zip Code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>WILLIAMS</u>	First name <u>JULIUS</u>	M.I. <u> </u>	R. Title <u>Environmental CoOp Student</u>	C. Telephone Number <u>202</u> <u>767</u> - <u>860</u> <u>0</u> Extension <u> </u> <u> </u> <u> </u> <u> </u>
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name <u>McCLENNEY</u>	First name <u>AYODELE</u>	M.I. <u>M.</u>	B. Title <u>Chief, Environmental Flight</u>
C. Signature <u>Ayodele M McClenney</u>			D. Date of signature <u>04</u> <u>14</u> <u>98</u> Month Day Year

Sec. V Generator status. Instructions begin on page 8.**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non-generator (CONTINUE TO BOX B)

} SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

Comments:

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Bolling AFB
Washington, DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 0 9 0 0 3 6



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1997 Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>M I D 0 2 1 0 8 7 2 7 5</u>	B. Name of off-site installation or transporter <u>Nortru, Inc</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> - <u> </u> - <u> </u>
Site 2	A. EPA ID No. of off-site installation or transporter <u>T I N D 1 0 1 0 1 6 1 4 1 3 1 1</u>	B. Name of off-site installation or transporter <u>Laidlaw Environmental</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>3536 Fite Road</u> City <u>Millington</u> State <u>T N</u> Zip <u>3 8 0 5 3</u> - <u> </u> - <u> </u>
Site 3	A. EPA ID No. of off-site installation or transporter <u>M O L D 1 0 1 9 1 0 3 8 9 9 8</u>	B. Name of off-site installation or transporter <u>TRI State Motor Transit Co.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> - <u> </u> - <u> </u>
Site 4	A. EPA ID No. of off-site installation or transporter <u>W A D 9 9 1 2 8 1 7 6 7</u>	B. Name of off-site installation or transporter <u>Burlington Envrrionmetnal, Inc. Kent</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>20245 77th Avenue South</u> City <u>Kent</u> State <u>W A</u> Zip <u>9 8 0 3 2</u> - <u> </u> - <u> </u>
Site 5	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> - <u> </u> - <u> </u>
Comments:		

EPA ID NO: DC9 570 090 036



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1997 Hazardous Waste Report

**FORM
GM**

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) Hazardous Waste, Solid (Lead, Mercury)			
B. EPA hazardous waste code (page 12) D 0 0 8		C. State hazardous waste code (page 13)			
D. SIC code (page 13) 9 1 9 9	E. Origin code (page 13) System Type M	F. Source code (page 14) A 5 6	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 3 0 9	I. RCRA-radioactive mixed (page 14) 2
Sec. II		A. Quantity generated in 1997 (page 15) 1 6 8 0 45.0			
B. UQM (page 15) Density 1 lbs/gal 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16)			
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16)			
Sec. III		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) MDR 000 002 1 4 7	C. System type shipped to (p. 17) M 1 A 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 45.0	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
Comments:					

EPA ID NO: D C 9 5 7 0 0 9 0 0 3 6



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12)				
		Hazardous Waste, Solid (Mercury)				
B. EPA hazardous waste code (page 12)		D 0 0 9			C. State hazardous waste code (page 13)	
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)	
9199	System Type M	A 53	1	B 309	2	

<p>Sec. II</p>	<p>A. Quantity generated in 1997 (page 15)</p> <p>_____ <u>2498</u> _____ 2778.0</p>	<p>B. UOM <u>L</u> (page 15)</p> <p>Density _____ . _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</p>	<p>C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)</p> <p><input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)</p>
<p>ON-SITE PROCESS SYSTEM 1</p>		<p>ON-SITE PROCESS SYSTEM 2</p>	
<p>On-site process system type (page 16)</p> <p>M _____</p>	<p>Quantity treated, disposed, or recycled on site in 1997 (page 16)</p> <p>_____ . _____</p>	<p>On-site process system type (page 16)</p> <p>M _____</p>	<p>Quantity treated, disposed, or recycled on site in 1997 (page 16)</p> <p>_____ . _____</p>

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) MDR 000002147	C. System type shipped to (p. 17) M 141	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 2478.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) [][][][][][][][][][][][][][][]	C. System type shipped to (p. 17) M [][][][][]	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [][][][][][][][][][][][][][][]. []
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) [][][][][][][][][][][][][][][]	C. System type shipped to (p. 17) M [][][][][]	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [][][][][][][][][][][][][][][]. []

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1C191517101019101013161



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Waste, liquid (Cadium, Trichloroethylene)					
B. EPA hazardous waste code (page 12) <u>D10106</u> <u>D10108</u> <u>D1040</u> <u> </u> <u> </u> <u> </u>		C. State hazardous waste code (page 13) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>				
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>157</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B106</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1997 (page 15) <u> </u> <u> </u> <u>1340</u> <u>0</u>	B. UOM (page 15) <u>1</u> Density <u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u> <u> </u> <u> </u> <u> </u>		ON-SITE PROCESS SYSTEM 2 On-site process system type <u> </u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u> <u> </u> <u> </u> <u> </u>	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>W1A1D</u> <u>991</u> <u>281</u> <u>767</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u> </u> <u>1340</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 1 0 9 0 1 0 3 6



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Waste Pesticides, Liquid</u>				
B. EPA hazardous waste code (page 12) <u>D 0 0 1</u>			C. State hazardous waste code (page 13) <u></u>		
D. SIC code (page 13) <u>9 1 9 9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>5 8</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 1 0 1</u>	
I. RCRA-radioactive mixed (page 14) <u>2</u>					
Sec. II	A. Quantity generated in 1997 (page 15) <u>39,150</u> <u>168.0</u>		B. UOM (page 15) <u>1</u> Density <u></u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)					
ON-SITE PROCESS SYSTEM 1 On-site process system type <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u></u>			ON-SITE PROCESS SYSTEM 2 On-site process system type <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u></u>		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>W A D 9 9 1 2 8 1 7 6 7</u>	C. System type shipped to (p. 17) <u>M 1 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>168.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1C191517101019101013161



U.S. ENVIRONMENTAL
PROTECTION AGENCY

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Sec. I	A. Waste description (page 12) Waste Mercury				
B. EPA hazardous waste code (page 12) <u>D1019</u>		C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B117</u>	
		I. RCRA-radioactive mixed (page 14) <u>2</u>			
Sec. II	A. Quantity generated in 1997 (page 15) <u>2498</u> <u>1.0</u>		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type <u>M</u>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>			
		On-site process system type <u>M</u>			
		Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>			
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>WAID 9911281767</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u>1.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>	
Comments:					

EPA ID NO: DC9 570 090 036



1997 Hazardous Waste Report

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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Page 8 of 41

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 0 9 0 0 3 6



U.S. ENVIRONMENTAL
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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Waste Flammable Liquid, (Benzene, Toluene)				
B. EPA hazardous waste code (page 12) <u>0001 0018</u>		C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A53</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B206</u>	
		I. RCRA-radioactive mixed (page 14) <u>2</u>			
Sec. II	A. Quantity generated in 1997 (page 15) <u>2354.0</u> <u>2029.0</u>		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
			C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>			Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>		
			On-site process system type (page 16) <u>M</u>		
			Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>SCD 044 442 333</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>2029.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: DC9 570 090 036



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PROTECTION AGENCY

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Sec. I A. Waste description (page 12)

Hazardous Waste, Solid (Lead)

B. EPA hazardous waste code D008
(page 12)

C. State hazardous waste code (page 13)

D. SIC code
(page 13)
9199

E. Origin code 1
(page 13) System Type
M

F. Source code
(page 14)
55

G. Point of
measurement
(p. 14) 1

H. Form code
(page 14)
B309

I. RCRA-radioactive mixed
(page 14)
2

Sec. II A. Quantity generated in 1997
(page 15)

168.0
123.0

B. UOM 1
(page 15)
Density
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site,
dispose on site, recycle on site, or discharge to a sewer/POTW?
(page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Quantity treated, disposed, or recycled
(page 16) on site in 1997 (page 16)

M

ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or recycled
(page 16) on site in 1997 (page 16)

M

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to
(page 17)
SCD 044 442 333

C. System type
shipped to (p. 17)
M041

D. Off-site availability
code (page 17)
1

E. Total quantity shipped in 1997 (page 17)
123.0

Site 2 B. EPA ID No. of facility waste was shipped to
(page 17)

C. System type
shipped to (p. 17)
M

D. Off-site availability
code (page 17)

E. Total quantity shipped in 1997 (page 17)

Site 3 B. EPA ID No. of facility waste was shipped to
(page 17)

C. System type
shipped to (p. 17)
M

D. Off-site availability
code (page 17)

E. Total quantity shipped in 1997 (page 17)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 1 0 9 0 0 3 6



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Sec. I	A. Waste description (page 12) Waste Flammable Liquids (Diesel)					
B. EPA hazardous waste code (page 12) <u>D 0 0 1</u>			C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>9 1 9 9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>5 3</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 2 0 6</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1997 (page 15) <u>3915.0</u> <u>3650.0</u>	B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>		On-site process system type <u> </u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S C D 0 4 4 4 4 2 3 3 3</u>	C. System type shipped to (p. 17) <u>M 1 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> 3 6 5 0 . 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
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EPA ID NO: D001 D035



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Sec. I A. Waste description (page 12) Waste Flammable Liquid, Toxic					
B. EPA hazardous waste code (page 12) <u>D001</u> <u>D035</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) System Type <u>1</u> <u>M</u>	F. Source code (page 14) <u>156</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>209</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1997 (page 15) <u>754.0</u> <u>753.0</u>	B. UOM (page 15) <u>4</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) _____ <u>M</u> _____		ON-SITE PROCESS SYSTEM 2 On-site process system type _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) _____ <u>M</u> _____

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1 B. EPA ID No. of facility waste was shipped to (page 17) <u>SICD</u> <u>044</u> <u>442</u> <u>333</u>	C. System type shipped to (p. 17) <u>M</u> <u>4</u> <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>753.0</u>	
Site 2 B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u> _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 3 B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u> _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1 C1 91 51 71 01 01 91 01 01 31 61



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Sec. I A. Waste description (page 12)					
Waste Batteries, Mercury					
B. EPA hazardous waste code (page 12)		D1 01 01 91		C. State hazardous waste code (page 13)	
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
91 91 91	1 System Type M	55	1	B 309	2

Sec. II	A. Quantity generated in 1997 (page 15)	B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
	2498.0 19.0	1 Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type		On-site process system type	
Quantity treated, disposed, or recycled on site in 1997 (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)	
M		M	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)			
	<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	S1 C1 D1 01 41 41 41 41 21 31 31 31	M 0 4 1	1	19
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		

Comments:

EPA ID NO: D C 9 5 7 0 0 9 0 0 3 6



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Sec. I		A. Waste description (page 12)					
		Hazardous Waste, Solid (Silver, Cadmium)					
B. EPA hazardous waste code (page 12)		<div> <div> <div>9</div> <div>0</div> <div>0</div> <div>0</div> </div> <div> <div>0</div> <div>0</div> <div>6</div> </div> </div>		C. State hazardous waste code (page 13)			
<div> <div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div>0</div> <div>0</div> <div> </div> <div> </div> </div> </div>				<div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div>			
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)		
<div> <div>9</div> <div>1</div> <div>9</div> <div>9</div> </div>	<div> <div>1</div> </div> <div>System Type</div> <div> <div>M</div> <div> </div> <div> </div> <div> </div> </div>	<div> <div>1</div> <div>2</div> </div>	<div> <div>1</div> </div>	<div> <div>B</div> <div>3</div> <div>0</div> <div>7</div> </div>	<div> <div>2</div> </div>		

Sec. II	A. Quantity generated in 1997 (page 15)	B. UOM (page 15) Density	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
	80	lb/gal sg	Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2
On-site process system type Quantity treated, disposed, or recycled (page 16) on site in 1997 (page 16)			On-site process system type Quantity treated, disposed, or recycled (page 16) on site in 1997 (page 16)

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; padding: 2px;">S C D 0 4 4 4 4 2 3 3 3</div>	C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; padding: 2px;">M 4 1</div>	D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; padding: 2px;">1</div>	E. Total quantity shipped in 1997 (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"> 8 . 0</div>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"></div>	C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; padding: 2px;">M</div>	D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"></div>	E. Total quantity shipped in 1997 (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"> .</div>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"></div>	C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; padding: 2px;">M</div>	D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"></div>	E. Total quantity shipped in 1997 (page 17) <div style="border-bottom: 1px solid black; padding: 2px;"> .</div>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 1 0 9 0 1 0 3 6



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Waste Paint</u>				
B. EPA hazardous waste code (page 12) <u>D 0 0 1</u> <u>D 0 0 8</u>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>9 1 9 9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>1 2 1</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 2 0 9</u>	
I. RCRA-radioactive mixed (page 14) <u>2</u>					
Sec. II	A. Quantity generated in 1997 (page 15) <u>1 1 3 0 2 . 0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)					
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>M</u> _____			On-site process system type _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>M</u> _____		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>5 C D 0 4 4 4 4 2 3 3 3</u>	C. System type shipped to (p. 17) <u>M 1 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>1 1 3 0 2 . 0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____	
Comments:					

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WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 1 0 9 0 1 0 3 6



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WASTE GENERATION
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Sec. I	A. Waste description (page 12) Waste, Corrosive Liquids				
B. EPA hazardous waste code (page 12) <u>D 0 0 2</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>9 1 9 9</u>	E. Origin code (page 13) System Type <u>1</u> <u>M</u>	F. Source code (page 14) <u>3 7</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 1 0 4</u>	
			I. RCRA-radioactive mixed (page 14) <u>2</u>		
Sec. II	A. Quantity generated in 1997 (page 15) <u>3 1 5 6 . 0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
			C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>M</u> _____			On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>M</u> _____		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S C D 0 4 4 4 4 2 3 3 3</u>	C. System type shipped to (p. 17) <u>M 1 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>3 1 5 6 . 0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Comments:					

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SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 5 7 0 0 9 0 0 3 6



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Sec. I	A. Waste description (page 12) Waste Flammable Liquid, Corrosive					
B. EPA hazardous waste code (page 12) <u>D 0 0 1</u> <u>D 0 0 2</u>			C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>9 1 9 9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A 5 3</u>	G. Point of measurement (p. 14) <u>2</u>	H. Form code (page 14) <u>B 2 0 7</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1997 (page 15) <u> 4 5 5 . 0</u>	B. UOM (page 15) <u> </u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>		On-site process system type <u> </u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S I C D 0 4 4 4 4 2 3 3 3</u>	C. System type shipped to (p. 17) <u>M 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> 4 5 5 . 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>

Comments:

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SITE NAME: BOLLING AFB
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EPA ID NO: D C 9 1 5 7 0 0 9 0 0 3 6



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Waste Fammable Liquids				
B. EPA hazardous waste code (page 12) <u>D 0 0 1 F 0 0 3</u>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>9 1 9 9</u>	E. Origin code (page 13) System Type <u>1</u> <u>M</u>	F. Source code (page 14) <u>A 5 3</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 2 0 4</u>	
		I. RCRA-radioactive mixed (page 14) <u>2</u>			
Sec. II	A. Quantity generated in 1997 (page 15) <u>4 2 0 . 0</u>		B. UOM (page 15) <u>L</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>M</u> _____		On-site process system type _____ Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>M</u> _____			
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S I C D 0 4 4 4 4 2 3 3 3</u>	C. System type shipped to (p. 17) <u>M 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>4 2 0 . 0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	

Comments:

EPA ID NO: DC9 570 090 036



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Sec. I						A. Waste description (page 12)													
						Waste Aerosols													
B. EPA hazardous waste code (page 12)						D. SIC code (page 13)						C. State hazardous waste code (page 13)							
<u>D040</u> _____ _____ _____						<u>9199</u> _____ _____ _____						_____ _____ _____ _____							
E. Origin code (page 13)				F. Source code (page 14)				G. Point of measurement (p. 14)				H. Form code (page 14)				I. RCRA-radioactive mixed (page 14)			
<u>1</u> System Type <u>M</u> _____				<u>56</u> _____				<u>1</u> _____				<u>B209</u> _____				<u>2</u> _____			

Sec. II	A. Quantity generated in 1997 (page 15) _____ 4 . 0		B. UOM <u>L</u> (page 15) Density _____ . _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
	ON-SITE PROCESS SYSTEM 1 On-site process system type _____ Quantity treated, disposed, or recycled (page 16) on site in 1997 (page 16) <u>M</u> _____ . _____			ON-SITE PROCESS SYSTEM 2 On-site process system type _____ Quantity treated, disposed, or recycled (page 16) on site in 1997 (page 16) <u>M</u> _____ . _____		

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) S I C I D 0 4 4 4 4 2 3 3 3	C. System type shipped to (p. 17) M 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 4 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Waste Liquid (Lead, Trichloroethylene)					
B. EPA hazardous waste code (page 12) D 0 4 0 D 0 0 8		C. State hazardous waste code (page 13)			
D. SIC code (page 13) 9 1 9 9		E. Origin code (page 13) System Type 1 M		F. Source code (page 14) A 5 6	
		G. Point of measurement (p. 14) 1		H. Form code (page 14) B 3 0 9	
				I. RCRA-radioactive mixed (page 14) 2	

<p>Sec. II A. Quantity generated in 1997 (page 15)</p> <p>_____ 112 . 0</p>	<p>B. UOM 1</p> <p>(page 15)</p> <p>Density _____</p> <p><input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</p>	<p>C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)</p> <p><input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)</p> <p><input type="checkbox"/> 2 No (SKIP TO SEC. III)</p>
<p>ON-SITE PROCESS SYSTEM 1</p> <p>On-site process system type Quantity treated, disposed, or recycled (page 16) on site in 1997 (page 16)</p> <p><input checked="" type="checkbox"/> M _____</p>		<p>ON-SITE PROCESS SYSTEM 2</p> <p>On-site process system type Quantity treated, disposed, or recycled (page 16) on site in 1997 (page 16)</p> <p><input type="checkbox"/> M _____</p>

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) S C D 0 4 4 4 4 2 3 3 3	C. System type shipped to (p. 17) 3 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 1 1 2 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) 3 1 _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) 3 1 _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Waste Lithium, Battery					
B. EPA hazardous waste code (page 12) <u>D</u> <u>0</u> <u>0</u> <u>3</u>			C. State hazardous waste code (page 13) 			
D. SIC code (page 13) <u>9</u> <u>1</u> <u>9</u> <u>9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>5</u> <u>5</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>3</u> <u>0</u> <u>9</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1997 (page 15) <u>4</u> <u>2</u> <u>8</u> <u>0</u>	B. UOM (page 15) <u>1</u> Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type <u>M</u>		On-site process system type <u>M</u>	
Quantity treated, disposed, or recycled on site in 1997 (page 16) 		Quantity treated, disposed, or recycled on site in 1997 (page 16) 	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S</u> <u>C</u> <u>D</u> <u>0</u> <u>4</u> <u>4</u> <u>4</u> <u>4</u> <u>2</u> <u>3</u> <u>3</u> <u>3</u>	C. System type shipped to (p. 17) <u>M</u> <u>0</u> <u>4</u> <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>4</u> <u>2</u> <u>8</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17)

Comments:

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SITE NAME: BOLLING AFB
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EPA ID NO: D C 9 1 5 7 0 1 0 1 0 1 3 6



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12)

Hazardous Waste, Solid (Cadmium, Benzene)

B. EPA hazardous waste code (page 12) D 0 0 6 D 0 3 9

C. State hazardous waste code (page 13)

D. SIC code (page 13) 9 1 9 9

E. Origin code (page 13) 1
System Type M

F. Source code (page 14) 0 9

G. Point of measurement (p. 14) 1

H. Form code (page 14) B 3 0 7

I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1997 (page 15)

3 8 0

B. UOM (page 15) 1
Density 1 1 1
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)
S C D 1 0 4 4 4 4 2 3 3 3

C. System type shipped to (p. 17) M 0 4 1

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17) 3 8 0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17) M

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17)

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17) M

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
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EPA ID NO: D1 C1 91 51 71 01 01 91 01 01 31 61



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Waste Toxic Liquid, Corrosive, Organic</u>				
B. EPA hazardous waste code (page 12) <u>D0 D2 16</u>			C. State hazardous waste code (page 13) <u></u>		
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>52</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>201</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1997 (page 15) <u>3.0</u>		B. UOM (page 15) <u>L</u> Density <u></u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>			On-site process system type (page 16) <u></u>		
Quantity treated, disposed, or recycled on site in 1997 (page 16) <u></u>			Quantity treated, disposed, or recycled on site in 1997 (page 16) <u></u>		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LS1 C1 D1 01 41 41 41 41 21 31 31 31</u>	C. System type shipped to (p. 17) <u>M 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>3.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	
Comments:					

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SITE NAME: BOLLING AFB
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EPA ID NO: D C 9 1 5 7 0 0 9 0 0 3 6



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Sec. I A. Waste description (page 12)

Waste Flammable Liquids (Acetone, Petroleum)

B. EPA hazardous waste code (page 12) D 0 0 1 U 0 0 2

C. State hazardous waste code (page 13)

D. SIC code (page 13) 9 1 9 9

E. Origin code (page 13) 1
System Type M

F. Source code (page 14) 2 1

G. Point of measurement (p. 14) 1

H. Form code (page 14) B 2 1 1

I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1997 (page 15)

32 0

B. UOM (page 15) L
Density 1 1 1
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)
S C D 0 4 4 4 4 2 3 3 3

C. System type shipped to (p. 17) M 4 1

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17) 32 0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17) M

D. Off-site availability code (page 17)

E. Total quantity shipped in 1997 (page 17)

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17) M

D. Off-site availability code (page 17)

E. Total quantity shipped in 1997 (page 17)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 0 9 0 0 1 3 6



U.S. ENVIRONMENTAL
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1997 Hazardous Waste Report

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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12)

Hazardous Waste, Solid (Cadmium, Silver)

B. EPA hazardous waste code (page 12) D 0 0 6 D 0 0 8

C. State hazardous waste code (page 13)

D. SIC code (page 13) 9 1 9 9

E. Origin code (page 13) 1
System Type M

F. Source code (page 14) A 9 4

G. Point of measurement (p. 14) 1

H. Form code (page 14) B 3 0 7

I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1997 (page 15)

3 4 2 . 0

B. UOM (page 15) 1
Density 1 1 1
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)

☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S I C I D 0 4 4 4 4 2 3 3 3</u>	C. System type shipped to (p. 17) <u>M 0 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>3 4 2 . 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>

Comments.

EPA ID NO: DC9 570 090 036



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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Waste Aerosol						
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)				
D. SIC code (page 13)			E. Origin code (page 13) System Type	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
Sec. II							
A. Quantity generated in 1997 (page 15)		B. UOM (page 15)		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)			
		Density		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)	
Sec. III							
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)							
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)			
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)			
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)			
Comments:							

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 0 9 0 0 3 6



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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12)

Hazardous Waste, Liquid (Silver)

B. EPA hazardous waste code (page 12)
D 0 1 1

C. State hazardous waste code (page 13)
1 1 1 1 1 1 1 1 1 1

D. SIC code (page 13)
9 1 9 9

E. Origin code (page 13) 1
System Type
M

F. Source code (page 14)
9 4

G. Point of measurement (p. 14)
1

H. Form code (page 14)
B 1 0 3

I. RCRA-radioactive mixed (page 14)
2

Sec. II A. Quantity generated in 1997 (page 15)

1 5 5 0

B. UOM (page 15) 1
Density 1 1 1 1
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M 1 1 1 1 1 1 1 1 1 1

ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M 1 1 1 1 1 1 1 1 1 1

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)
S C D 0 4 4 4 4 2 3 3 3 C. System type shipped to (p. 17)
M 0 4 1 D. Off-site availability code (page 17)
1 E. Total quantity shipped in 1997 (page 17)
1 5 5 0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)
1 1 1 1 1 1 1 1 1 1 C. System type shipped to (p. 17)
M D. Off-site availability code (page 17)
1 E. Total quantity shipped in 1997 (page 17)
1 1 1 1 1 1 1 1 1 1

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)
1 1 1 1 1 1 1 1 1 1 C. System type shipped to (p. 17)
M D. Off-site availability code (page 17)
1 E. Total quantity shipped in 1997 (page 17)
1 1 1 1 1 1 1 1 1 1

Comments.

EPA ID NO: D C 9 5 7 0 0 9 0 0 3 6



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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12)						
Hazardous Waste, Liquid (Chromium, Cresol)								
B. EPA hazardous waste code (page 12)				C. State hazardous waste code (page 13)				
D101017 D101216								
D. SIC code (page 13)		E. Origin code (page 13) System Type		F. Source code (page 14)		G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
9199		M		L56		1	B209	2
Sec. II		A. Quantity generated in 1997 (page 15)		B. UOM (page 15) Density		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)		
		180.0		1		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2				
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		
M				M				
Sec. III		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)						
		<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
	SICID 044442333	M041	1	180.0				
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
		M						
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
		M						
Comments:								

EPA ID NO: DC9 572 090 036



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1997 Hazardous Waste Report

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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12)		
	Hazardous Waste (Barium, Mercury)		
B. EPA hazardous waste code (page 12)		C. State hazardous waste code (page 13)	
D. SIC code (page 13)		E. Origin code (page 13)	F. Source code (page 14)
G. Point of measurement (p. 14)		H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
A. Quantity generated in 1997 (page 15)		B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)		On-site process system type (page 16)	
Quantity treated, disposed, or recycled on site in 1997 (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)			
	<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)		<input type="checkbox"/> 2 No (FORM IS COMPLETE)	
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) S C D 0 4 4 4 4 2 3 3 3	C. System type shipped to (p. 17) M 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 450.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17)

Comments:

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SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1 C1 91 51 71 01 01 91 01 01 31 61



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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12)

Hazardous Waste (Barium, Chromium)

B. EPA hazardous waste code (page 12) D1 01 01 51 D1 01 01 71

C. State hazardous waste code (page 13)

D. SIC code (page 13) 91 99

E. Origin code (page 13) 1
System Type M

F. Source code (page 14) 56

G. Point of measurement (p. 14) 1

H. Form code (page 14) 117

I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1997 (page 15)

70.0

B. UOM (page 15) L
Density 1 lbs/gal 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

M

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17) S1 C1 D1 01 41 41 41 41 21 31 31 31

C. System type shipped to (p. 17) M 14 11

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17) 70.0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17)

D. Off-site availability code (page 17)

E. Total quantity shipped in 1997 (page 17)

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17)

D. Off-site availability code (page 17)

E. Total quantity shipped in 1997 (page 17)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: DC9570090036



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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) <u>Hazardous Waste (Cadmium, Lead)</u>			
B. EPA hazardous waste code (page 12) <u>D</u> <u>0</u> <u>0</u> <u>5</u> <u>D</u> <u>0</u> <u>0</u> <u>6</u>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>9</u> <u>1</u> <u>9</u> <u>9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u> _____	F. Source code (page 14) <u>A</u> <u>0</u> <u>4</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B</u> <u>3</u> <u>0</u> <u>7</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II		A. Quantity generated in 1997 (page 15) _____ <u>124</u> ____.		B. UOM (page 15) <u>L</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)					
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u> _____			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____ <u>124</u> ____.		
On-site process system type (page 16) <u>M</u> _____			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____ <u>124</u> ____.		
Sec. III					
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S</u> <u>C</u> <u>D</u> <u>0</u> <u>4</u> <u>4</u> <u>4</u> <u>4</u> <u>2</u> <u>3</u> <u>3</u> <u>3</u>	C. System type shipped to (p. 17) <u>M</u> <u>0</u> <u>4</u> <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____ <u>124</u> ____.	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u> _____	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____ <u>124</u> ____.	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u> _____	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____ <u>124</u> ____.	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1C19151710101910101316



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Hazardous Waste Liquid (Methylene Chloride)				
B. EPA hazardous waste code (page 12) <u>D1010181</u> <u>F1010131</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>194</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B204</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1997 (page 15) <u>1400.0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		
On-site process system type (page 16) <u>M</u>			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S1C1D1014141414121313131</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>1400.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1C19151710101910101316



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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) Hazardous Waste, Liquid (Benzene, MEK)				
B. EPA hazardous waste code (page 12) <u>D10105</u> <u>D10118</u>		C. State hazardous waste code (page 13) _____				
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>53</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B204</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	
Sec. II		A. Quantity generated in 1997 (page 15) <u>390.0</u>				
B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <u>M</u>			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____			
On-site process system type (page 16) <u>M</u>			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____			
Sec. III						
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S1C1D10144444231313</u>	C. System type shipped to (p. 17) <u>M41</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>390.0</u>		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____		
Comments:						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 1 0 9 0 1 3 6



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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12)			
		Hazardous Waste, Liquid (2,4-d, Cresols)			
B. EPA hazardous waste code (page 12)		<u>D 0 1 6</u> <u>D 1 0 1 2 1 3</u>		C. State hazardous waste code (page 13)	
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
<u>9 1 9 9</u>	<u>1</u> System Type <u>M</u>	<u>A 5 6</u>	<u>1</u>	<u>B 2 0 7</u>	<u>2</u>
Sec. II		A. Quantity generated in 1997 (page 15)			
		<u>6 0 0</u>			
		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg			
		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16)			On-site process system type (page 16)		
Quantity treated, disposed, or recycled on site in 1997 (page 16)			Quantity treated, disposed, or recycled on site in 1997 (page 16)		
<u>M</u>			<u>M</u>		
Sec. III		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	<u>S I C D</u> <u>0 4 4</u> <u>4 4 2</u> <u>3 1 3</u>	<u>M 4 1</u>	<u>1</u>	<u>6 0 0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	<u> </u> <u> </u> <u> </u> <u> </u>	<u>M</u>	<u> </u>	<u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	<u> </u> <u> </u> <u> </u> <u> </u>	<u>M</u>	<u> </u>	<u> </u>	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D1C191517101019101013161



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Hazardous Waste Solid (Mecury, Arsenic)				
B. EPA hazardous waste code (page 12) <u>D10104</u> <u>D10109</u>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) System Type <u>1</u> <u>M</u>	F. Source code (page 14) <u>56</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B301</u>	
I. RCRA-radioactive mixed (page 14) <u>2</u>					
Sec. II	A. Quantity generated in 1997 (page 15) <u>400</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)					
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____			
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>S1C1D104444423333</u>	C. System type shipped to (p. 17) <u>M041</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>400</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____	
Comments:					

EPA ID NO: DC9570090036



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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12)			
		Waste, liquid (Diesel sludges)			
B. EPA hazardous waste code (page 12)		D. SIC code (page 13)		C. State hazardous waste code (page 13)	
1018		9199		1111111111	
E. Origin code (page 13)		F. Source code (page 14)		G. Point of measurement (p. 14)	
1 System Type		138		1	
H. Form code (page 14)		I. RCRA-radioactive mixed (page 14)			
1603		2			
Sec. II		A. Quantity generated in 1997 (page 15)		B. UOM (page 15)	
		300.0		1	
		Density		1 1 lbs/gal 2 sg	
				1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
				2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16)	
1		300.0		1	
Sec. III		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)			
		1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	1111 000 724 831	1141	1	300.0	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	1111 111 111 111	111	1	1111111111	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	1111 111 111 111	111	1	1111111111	

Comments:



SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: DC9, 570, 090, 036

**FORM
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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12)	
		Waste Aerosol, Flammable	
B. EPA hazardous waste code (page 12)		C. State hazardous waste code (page 13)	
D1001			
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)
9199	System Type	A58	
			H. Form code (page 14)
			B211
			I. RCRA-radioactive mixed (page 14)
			2
Sec. II	A. Quantity generated in 1997 (page 15)		B. UOM (page 15)
	39150		
	95.0		Density
			1 lbs/gal 2 sg
			C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
			1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
			2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type		On-site process system type	
Quantity treated, disposed, or recycled on site in 1997 (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)	
M		M	
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)		
	1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)
	TND 000 614 321	M 141	1
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)
		M	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)
		M	
E. Total quantity shipped in 1997 (page 17)			
95.0			
Comments:			

EPA ID NO: DC9 570 090 036



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1997 Hazardous Waste Report

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GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) Waste Organic, Liquid (MEK)						
B. EPA hazardous waste code (page 12) D 0 0 1 D 0 3 5				C. State hazardous waste code (page 13)				
D. SIC code (page 13) 9 1 9 9		E. Origin code (page 13) L System Type M		F. Source code (page 14) A 5 8		G. Point of measurement (p. 14) 1	H. Form code (page 14) B 1 0 1	I. RCRA-radioactive mixed (page 14) 2
Sec. II		A. Quantity generated in 1997 (page 15) 7 5 4 . 0 1. 0		B. UOM (page 15) Density lbs/gal sg 1 2		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2				
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16)		
Sec. III		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M D D 9 8 0 5 5 1 1 8 9	C. System type shipped to (p. 17) M 0 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17)				
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)				
Comments:								

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BOLLING AFB
WASHINGTON DC 20332-5403

EPA ID NO: D C 9 1 5 7 0 1 0 9 0 1 0 3 6



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Waste Organic, Peroxide Liquid				
B. EPA hazardous waste code (page 12) <u>D001</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>9199</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>101</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1997 (page 15) <u>39150</u> <u>2.0</u>		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>			On-site process system type <u> </u> Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>M D D 9 8 0 5 5 1 1 8 9</u>	C. System type shipped to (p. 17) <u>M 0 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> 2.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>	
Comments:					